# STUDENTS 09.36 AP.21

School‑Related Student Trip/Vehicle Request Form

Submit this form two weeks prior to the trip.

School iLEAD Acadmy Faculty Member(s) sponsoring trip ­ Jenna Gray

🞏Classroom Field Trip X Class Trip, specify \_\_Senior Trip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Organization/Club Trip, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other (athletic, band, if applicable)

Destination Omni Funplex Address Cincinnati, OH Phone 513-671-7529

🞏 Out of State 🞏 Out of County 🞏 Within County

**X** Overnight; give name, address, phone of lodging Aloft Newport on the Levee, 201 East Third Street, Newport, KY 40171 859-916-5306

Date of Request 2/11/2020 Date of Trip 5/9-5/10/2020 Person Requesting Jenna Gray

Departure Time 5/9/2020 Return Time 5/10/2020 Number of Riders 1 Gallatin County Students - Total of 18 iLEAD Students Number of Chaperones 2

Attach List of Names of Adults/Students on Trip

**Faculty Sponsor** \_\_\_Jenna Gray\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Certified Person Responsible for Student)

**Principal \_\_\_**Ms. Jenna Gray**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SBDM Chair \_\_\_N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Charged to/Source of Funding \_iLEAD Budget/Student Funded Have all chaperones been approved?

X Yes 🞏 No

Meals Required: 🞏 Sack Lunch X Fast Food 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Of Buses Requested \_\_\_\_0\_\_\_\_\_\_ Regular Bus\_\_\_\_\_ Special Needs Bus\_\_\_\_\_ Van \_\_\_\_

**TRANSPORTATION PROVIDED BY CARROLL COUNTY**

 Ratio of Students to Adults

 High School 20 to 1

 Middle School 10 to 1

 Elementary 5 to 1

**\*For daily trips, a simple way to estimate cost is $1/mile and $20/hour, per bus.**

**This section to be completed by Transportation/Central Office.**

Trip Calculation

 Bus \_\_\_\_\_\_\_\_ X $1.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage Bill to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Miles

 \_\_\_\_\_\_\_\_ X \_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver Rate

Avg. OT Rate = $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total

# of Buses Approved: \_\_\_\_\_ Approval of Transportation Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

Acceptance by Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**For overnight and/or out-of-state trips, approval of the Superintendent and Board is required.**

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 Superintendent Date Board Chairperson Date

Related Procedures:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09